

10/517122

MULTIPLE INDEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	/		/				51						
2							52						
3		/					53						
4			/				54						
5							55						
6							56						
7							57						
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12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18	4						68						
19			/				69						
20							70						
21							71						
22		14					72						
23							73						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓	2	↓								
TOTAL DEP.	33	←	17	←		←							
TOTAL CLAIMS	35			19									